

SERFF Tracking Number: NWCM-125874586 State: Arkansas
First Filing Company: Nationwide Mutual Fire Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: P-2008SKCE-7GMLLZ
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
Product Name: Commercial General Liability
Project Name/Number: FACTA/P-2008SKCE-7GMLLZ

Filing at a Glance

Companies: Nationwide Mutual Fire Insurance Company, Nationwide Mutual Insurance Company, Nationwide Property & Casualty Insurance Company

| | | |
|--|--|---|
| Product Name: Commercial General Liability | SERFF Tr Num: NWCM-125874586 | State: Arkansas |
| TOI: 17.0 Other Liability - Claims Made/Occurrence | SERFF Status: Closed | State Tr Num: EFT \$50 |
| Sub-TOI: 17.0001 Commercial General Liability Co Tr Num: P-2008SKCE-7GMLLZ | State Status: Fees verified and received | |
| Filing Type: Form | Co Status: | Reviewer(s): Edith Roberts, Brittany Yielding |
| | Author: Jill Hosch | Disposition Date: 10/28/2008 |
| | Date Submitted: 10/27/2008 | Disposition Status: Approved |
| Effective Date Requested (New): 01/01/2009 | | Effective Date (New): |
| Effective Date Requested (Renewal): 01/01/2009 | | Effective Date (Renewal): |
| State Filing Description: | | |

General Information

| | |
|---------------------------------------|-------------------------------|
| Project Name: FACTA | Status of Filing in Domicile: |
| Project Number: P-2008SKCE-7GMLLZ | Domicile Status Comments: |
| Reference Organization: | Reference Number: |
| Reference Title: | Advisory Org. Circular: |
| Filing Status Changed: 10/28/2008 | |
| State Status Changed: 10/28/2008 | Deemer Date: |
| Corresponding Filing Tracking Number: | |
| Filing Description: | |

We recently filed and received approval for a new mandatory exclusion form under filing SERFF #NWCM-125763224. The new form is Cas.6356 09 08, Exclusion-Violation of Consumer Protection Statutes.

The purpose of this filing for Cas. 6356 09 08 is to correct an error we found in our form. Under "This endorsement modifies insurance provided under the following", we left off reference to Commercial General Liability Coverage Form.

| | | | |
|---------------------------------|--|-------------------------------|---|
| <i>SERFF Tracking Number:</i> | <i>NWCM-125874586</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>First Filing Company:</i> | <i>Nationwide Mutual Fire Insurance Company, ...</i> | <i>State Tracking Number:</i> | <i>EFT \$50</i> |
| <i>Company Tracking Number:</i> | <i>P-2008SKCE-7GMLLZ</i> | | |
| <i>TOI:</i> | <i>17.0 Other Liability - Claims Made/Occurrence</i> | <i>Sub-TOI:</i> | <i>17.0001 Commercial General Liability</i> |
| <i>Product Name:</i> | <i>Commercial General Liability</i> | | |
| <i>Project Name/Number:</i> | <i>FACTA/P-2008SKCE-7GMLLZ</i> | | |

We have attached a copy of the corrected form in this filing. We request this new coverage form to be effective 1/1/09 new and renewal.

Company and Contact

Filing Contact Information

| | |
|--|------------------------|
| Jill Hosch, Business Information Analyst | hoschj@nationwide.com |
| 1100 Locust Street | (515) 508-8871 [Phone] |
| Des Moines, IA 50391 | |

Filing Company Information

| | | |
|--|-----------------|-----------------------------------|
| Nationwide Mutual Fire Insurance Company | CoCode: 23779 | State of Domicile: Ohio |
| One Nationwide Plaza | Group Code: 140 | Company Type: Property & Casualty |

1-17-02

Columbus, OH 43215
(614) 249-2271 ext. [Phone]

Group Name:
FEIN Number: 31-4177110

State ID Number:

Nationwide Mutual Insurance Company
One Nationwide Plaza

CoCode: 23787
Group Code: 140

State of Domicile: Ohio
Company Type: Property & Casualty

1-17-02

Columbus, OH 43215
(614) 249-2271 ext. [Phone]

Group Name:
FEIN Number: 31-4177100

State ID Number:

Nationwide Property & Casualty Insurance Company
One Nationwide Plaza

CoCode: 37877
Group Code: 140

State of Domicile: Ohio
Company Type: Property & Casualty

1-17-02

Columbus, OH 43215
(614) 249-2271 ext. [Phone]

Group Name:
FEIN Number: 31-0970750

State ID Number:

SERFF Tracking Number: NWCM-125874586 State: Arkansas

First Filing Company: Nationwide Mutual Fire Insurance Company, ... State Tracking Number: EFT \$50

Company Tracking Number: P-2008SKCE-7GMLLZ

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability

Product Name: Commercial General Liability

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Filing Fees

Fee Required? Yes

Fee Amount: \$50.00

Retaliatory? No

Fee Explanation: 50.00 PER SUBMISSION.

Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|--|---------|----------------|---------------|
| Nationwide Mutual Fire Insurance Company | \$50.00 | 10/27/2008 | 23491554 |
| Nationwide Mutual Insurance Company | \$0.00 | 10/27/2008 | |
| Nationwide Property & Casualty Insurance Company | \$0.00 | 10/27/2008 | |

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Product Name: Commercial General Liability
Project Name/Number: FACTA/P-2008SKCE-7GMLLZ

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|----------|---------------|------------|----------------|
| Approved | Edith Roberts | 10/28/2008 | 10/28/2008 |

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Disposition

Disposition Date: 10/28/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

| | |
|---|--------|
| Overall Percentage Rate Indicated For This Filing | 0.000% |
| Overall Percentage Rate Impact For This Filing | 0.000% |
| Effect of Rate Filing-Written Premium Change For This Program | \$0 |
| Effect of Rate Filing - Number of Policyholders Affected | 0 |

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Company Tracking Number: P-2008SKCE-7GMLLZ

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability

Product Name: Commercial General Liability

Project Name/Number: FACTA/P-2008SKCE-7GMLLZ

| Item Type | Item Name | Item Status | Public Access |
|---------------------|---|-------------|---------------|
| Supporting Document | Uniform Transmittal Document-Property & Casualty | Approved | Yes |
| Form | EXCLUSION-VIOLATION OF CONSUMER PROTECTION STATUTES | Approved | Yes |

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TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability

Product Name: Commercial General Liability

Project Name/Number: FACTA/P-2008SKCE-7GMLLZ

Form Schedule

| Review Status | Form Name | Form # | Edition Date | Form Type Action | Action Specific Data | Readability | Attachment |
|---------------|---|---------|--------------|----------------------------------|---|-------------|------------------|
| Approved | EXCLUSION-VIOLATION OF CONSUMER PROTECTION STATUTES | CAS6356 | 0908 | Endorsement/Amendment/Conditions | Replaced Form #: CAS6356 0908 Previous Filing #: | | CAS6356-0908.PDF |

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**EXCLUSION - VIOLATION OF
CONSUMER PROTECTION STATUTES**

This endorsement modifies insurance provided under the following:

CONTRACTORS LIABILITY COVERAGE FORM
BUSINESSOWNERS LIABILITY COVERAGE FORM
BUSINESS PROVIDER LIABILITY COVERAGE FORM
COMMERCIAL GENERAL LIABILITY COVERAGE FORM

- A. The following exclusion is added to Section B.1**
– **Exclusions**, applicable to Business Liability;

This insurance does not apply to:

**VIOLATION OF CONSUMER PROTECTION
STATUTES**

“Bodily injury” or “property damage” arising directly or indirectly out of any action or omission that violates or is alleged to violate:

- a. The Telephone Consumer Protection Act (TCPA), including any amendment of or addition to such law; or
- b. The CAN-SPAM Act of 2003, including any amendment of or addition to such law; or
- c. The Fair Credit Reporting Act (FCRA) and any amendment of or addition to such law including the Fair and Accurate Credit Transaction Act (FACTA); or
- d. Any statute, ordinance or regulation, other than the TCPA or CAN-SPAM Act of 2003 or FCRA, that addresses, prohibits or limits the electronic printing, dissemination, disposal, sending, transmitting, communicating or distribution of material or information.

- B. The following exclusion is added to paragraphs p. Personal Injury or Advertising Injury and q. Advertising Injury of Section B.I. - Exclusions**, applicable to Business Liability

This insurance does not apply to:

**VIOLATION OF CONSUMER PROTECTION
STATUTES**

“Personal injury” or “advertising injury” arising directly or indirectly out of any action or omission that violates or is alleged to violate:

- a. The Telephone Consumer Protection Act (TCPA), including any amendment of or addition to such law; or
- b. The CAN-SPAM Act of 2003, including any amendment of or addition to such law; or
- c. The Fair Credit Reporting Act (FCRA) and any amendment of or addition to such law including the Fair and Accurate Credit Transaction Act (FACTA); or
- d. Any statute, ordinance or regulation, other than the TCPA or CAN-SPAM Act of 2003 or FCRA, that addresses, prohibits or limits the electronic printing, dissemination, disposal, sending, transmitting, communicating or distribution of material or information.

| | | | |
|---------------------------------|--|-------------------------------|---|
| <i>SERFF Tracking Number:</i> | <i>NWCM-125874586</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>First Filing Company:</i> | <i>Nationwide Mutual Fire Insurance Company, ...</i> | <i>State Tracking Number:</i> | <i>EFT \$50</i> |
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| <i>Product Name:</i> | <i>Commercial General Liability</i> | | |
| <i>Project Name/Number:</i> | <i>FACTA/P-2008SKCE-7GMLLZ</i> | | |

Rate Information

Rate data does NOT apply to filing.

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Product Name: Commercial General Liability
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Supporting Document Schedules

| | | Review Status: | |
|-------------------------|--|----------------|------------|
| Satisfied -Name: | Uniform Transmittal Document- Property & Casualty | Approved | 10/28/2008 |

Comments:

Please see attached.

Attachments:

Form Memo GL legacy2.pdf

P & C TRANSMITTAL - AR - GL.pdf

Nationwide Mutual Insurance Company
Nationwide Property and Casualty Insurance Company
Nationwide Fire Insurance Company

*General Liability
Forms*

Applicable Lines of Business

This filing applies to the General Liability line of business.

About This Filing

We recently filed and received approval for a new mandatory exclusion form under filing designation NWCM-125763224. The new form is **Cas. 6356 09 08**, Exclusion-Violation of Consumer Protection Statutes.

Background

The purpose of this filing for **Cas. 6356 0908** is to correct an error we found in our form. Under "This endorsement modifies insurance provided under the following", we left off reference to Commercial General Liability Coverage Form.

We have attached a copy of the corrected form.

New Forms

- ◆ **Cas 6356 (09 08)** Exclusion – Violation of Consumer Protection Statutes

We request this new coverage form to be effective 1/1/09 new and 1/1/09 renewal.

Property & Casualty Transmittal Document

| | | |
|---|---|--|
| 1. Reserved for Insurance Dept. Use Only | 2. Insurance Department Use only | |
| | a. Date the filing is received: | |
| | b. Analyst: | |
| | c. Disposition: | |
| | d. Date of disposition of the filing: | |
| | e. Effective date of filing: | |
| | New Business | |
| | Renewal Business | |
| | f. State Filing #: | |
| | g. SERFF Filing #: | |
| h. Subject Codes | | |

| | | | | | | |
|-----------|------------------------|-----------------|---------------|---------------|----------------|---------------------|
| 3. | Group Name | | | | | Group NAIC # |
| 4. | Company Name(s) | Domicile | NAIC # | FEIN # | State # | |
| | | | | | | |
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|-----------|--------------------------------|--|
| 5. | Company Tracking Number | |
|-----------|--------------------------------|--|

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

| | | | | | |
|-----------|---------------------------------------|--------------|---------------------|--------------|---------------|
| 6. | Name and address | Title | Telephone #s | FAX # | e-mail |
| | | | | | |
| | | | | | |
| 7. | Signature of authorized filer | | | | |
| 8. | Please print name of authorized filer | | | | |

Filing information (see General Instructions for descriptions of these fields)

| | | | | | |
|------------|---|---|--|----------|--|
| 9. | Type of Insurance (TOI) | | | | |
| 10. | Sub-Type of Insurance (Sub-TOI) | | | | |
| 11. | State Specific Product code(s)(if applicable)[See State Specific Requirements] | | | | |
| 12. | Company Program Title (Marketing title) | | | | |
| 13. | Filing Type | <input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description) | | | |
| 14. | Effective Date(s) Requested | New: | | Renewal: | |
| 15. | Reference Filing? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 16. | Reference Organization (if applicable) | | | | |
| 17. | Reference Organization # & Title | | | | |
| 18. | Company's Date of Filing | | | | |
| 19. | Status of filing in domicile | <input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved | | | |

Property & Casualty Transmittal Document—

| | | |
|-----|--|--|
| 20. | This filing transmittal is part of Company Tracking # | |
| 21. | Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text] | |

[illegible]

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

| | | | | | |
|-----------|---|--|--|--|---|
| 1. | This filing transmittal is part of Company Tracking # | | | | |
| 2. | This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable) | | | | |
| 3. | Form Name /Description/Synopsis | Form # Include edition date | Replacement Or withdrawn? | If replacement, give form # it replaces | Previous state filing number, if required by state |
| 01 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 02 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 03 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 04 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 05 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 06 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 07 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 08 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 09 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 10 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |

PC FFS-1